

also changes the tax identification number requires the completion and submission of a new enrollment application from the new owner.

#### **§ 424.555 Payment liability.**

(a) No payment may be made for otherwise Medicare covered items or services furnished to a Medicare beneficiary by suppliers of durable medical equipment, prosthetics, orthotics, and other supplies unless the supplier obtains (and renews, as set forth in section 1834(j) of the Act) Medicare billing privileges.

(b) No payment may be made for otherwise Medicare covered items or services furnished to a Medicare beneficiary by a provider or supplier if the billing privileges of the provider or supplier are deactivated, denied, or revoked. The Medicare beneficiary has no financial responsibility for expenses, and the provider or supplier must refund on a timely basis to the Medicare beneficiary any amounts collected from the Medicare beneficiary for these otherwise Medicare covered items or services.

(c) If any provider or supplier furnishes an otherwise Medicare covered item or service for which payment may not be made by reason of paragraph (b) of this section, any expense incurred for such otherwise Medicare covered item or service shall be the responsibility of the provider or supplier. The provider or supplier may also be criminally liable for pursuing payments that may not be made by reason of paragraph (b) of this section, in accordance with section 1128B(a)(3) of the Act.

## **PART 426—REVIEW OF NATIONAL COVERAGE DETERMINATIONS AND LOCAL COVERAGE DETERMINATIONS**

### **Subpart A—General Provisions**

Sec.

- 426.100 Basis and scope.
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- 426.310 LCD and NCD reviews and individual claim appeals.
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- 426.330 Burden of proof.
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- 426.415 CMS' role in the LCD review.
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- 426.417 Contractor's statement regarding new evidence.
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- 426.450 Mandatory provisions of an ALJ's decision.
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- 426.470 Board's role in docketing and evaluating the acceptability of appeals of ALJ decisions.
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